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EMERGENCY SERIES RESEARCH PROGRESSES

by Arthur Gladman, MD

Vivid personal testimony such as Gari Carter's and anecdotal reports from many others repeatedly demonstrate the worth of the Emergency Series. Until now, there has been no rigorous, structured investigation of this phenomenon.

Professional and Board of Advisors Member Arthur Gladman, MD, learned what a difference the tapes could make during his second back surgery. [See: Topics/Medical Specialities /Surgery/Breakthrough 1986-2 Results of Emergency Treatment Tapes Used in Back Surgery - Bob Roalfe] This inspired Art to initiate the current research project at the University of California at Davis.

Robert Monroe developed the *Emergency Series* of six tapes for use before, during, and after surgery in 1977. Since that time, I have had a number of opportunities to recommend the tapes to friends and patients all over the United States. In every instance, there were reports of absence of anesthetic hangover effects, little or no pain, and early discharge from the hospital. In other words, the tapes facilitated rapid recovery.

After my personal experience using the tapes for surgery on my back in 1984, my anesthesiologist, Dr. Robert Roalfe, continued to use them with great success at Merritt Hospital in Oakland, California. Although the results were most encouraging, no detailed follow-up was possible. After several failed attempts at setting up a research project, I contacted Dr. Hank Bennett at the University of California at Davis who had done considerable research in the field of anesthesiology.

In the fall of 1993, Dr. Bennett was in the process of developing a long-term program in which various audiotapes would be used during surgery, and he was happy to include the *Emergency Series*. The project was instituted in October 1993 and will continue at least until fall 1995. Two hundred patients will experience the Monroe tapes, which will also be compared to the other sets of tapes. So far, over two hundred operations have been completed with tape support. No results have been officially tabulated as yet, but patient comments continue to be very positive.

The many observations made on each patient include a brief preoperative psychological survey, careful intra-operative observations on the patient's condition, and records of several aspects of the postoperative course. New factors are being considered as the project moves along. It's likely that this study will lead to publication of the research results in several of the

major medical journals. Every physician involved in surgery should know of this important resource.

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